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## United States Patent and Trademark Office

### Credit Card Payment Form

Please Read Instructions before Completing this Form

#### Credit Card Information

Credit Card Type: ☐ Visa ☒ MasterCard ☐ American Express ☐ Discover

Credit Card Account #: 5405 0154 1826 2695

Credit Card Expiration Date: 08/06

Name as it Appears on Credit Card: Debra Haag

Payment Amount: \$ (US Dollars): 620.00

Cardholder Signature: Debra M. Haag Date:

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

**Service Charge:** There is a \$50.00 service charge for processing each payment refused (including a check returned 'unpaid') or charged back by a financial institution (37 CFR § 1.21 (m)).

#### Credit Card Billing Address

Street Address 1: 700 Visions Drive

Street Address 2:

City: Skaneateles Falls

State/Province: New York

Zip/Postal Code: 13153-0208

Country: United States of America

Daytime Phone #: (315) 554-5688

Fax #: (315) 685-4949

#### Request and Payment Information

Description of Request and Payment Information:

Notice of Appeal w/ 1 month EOT

☒ Patent Fee

☐ Patent Maintenance Fee

☐ Trademark Fee

☐ Other Fee

Application No.

Application No.

Application No.

IDON Customer No.

09/966,970

Patent No.

Patent No.

Registration No.

Attorney Docket No.

Identify or Describe Mark

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.